

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>028657</u> <u>10157</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing Name <u>Idary</u> <u>Sann</u> P.O. Box, Bldg., Room No., if any Street <u>25 Colgate Rd.</u> City <u>Rosindale</u> State <u>MD</u> ZIP Code + 4 <u>02131</u>	4. Name, file number, and address of labor organization. Name <u>DC 35, TALPAT, AFL-CIO</u> Labor Organization File Number <u>028657</u> P.O. Box, Building and Room Number, if any Street <u>25 Colgate Rd.</u> City <u>Rosindale</u> State <u>MD</u> ZIP Code + 4 <u>02131</u>
5. Position in labor organization. <u>Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-15-05</u> Date	<u>617 592-0520</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1, a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name DC35 Apprenticeship Training  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 225 Colgate Rd  
City Eastford  
State MA ZIP Code + 4 02131

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

Apprenticeship training for DC35

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Fundraising outing  
Springfield Tech. Comm. College

12.b. Amount.

\$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor-Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
Trade Name if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment



## District Council 35

IUPAT, AFL-CIO  
25 Colgate Road  
Roslindale, MA 02131



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• Metalizers •

• Public Employees •

• Clerical Workers •

#### • Professional Employees •

• Security Guards •

• Safety Engineers •

• Bridge Painters •

• Riggers •

• Tank Painters •

• Marine Painters •

#### • Containment Workers •

• Waterblasters •

• Vacuum Cleaners •

• Sign Painters •

#### • Sign & Display Workers •

• Bill Posters •

#### • Convention & Show Decorators & Builders •

• Paint Makers •

• Sandblasters •

#### • Lead Abatement Workers •

• Floorlaying & Decorative  
Coverings Workers •

• Journeymen & Apprentice  
Commercial, Industrial,  
Highway, Residential  
Construction Workers •

### Ralph Harriman

Secretary - Treasurer - General Business Manager

To: Whom It May Concern

Date: 8/15/2005

From: Idary Sann *I.S.*

### DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.